

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		10-23-00
O.I.P.E. CLASSIFIER	LY		10-28-00
FORMALITY REVIEW	MA	830	11-15-00
RESPONSE FORMALITY REVIEW			

Joe  
11/23/00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	8	10	1
2	3	16	37
3	2	03	39
4	2	03	40
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16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	0	00
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Claim	Final	Original	Date
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Form P1  
(Rev. 6/6)

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If more than 150 claims or 10 actions  
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